

# EXHIBIT 2

## Commercial Insurance Application

## COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
6/27/2016

AGENCY Carbone & Molloy Insurance 346 Maple Avenue Westbury, NY 11590 Carbone & Molloy		CARRIER Travelers Insurance Company NAIC CODE 36137	
CONTACT NAME: Carbone & Molloy PHONE (A/C, No, Ext): 516-333-2340 FAX (A/C, No): 516-333-9110 E-MAIL ADDRESS: CODE: HH075 SUBCODE: AGENCY CUSTOMER ID: PITTSF1		COMPANY POLICY OR PROGRAM NAME Property PROGRAM CODE POLICY NUMBER KTCMB295T670-1-15	
UNDERWRITER Susan Villano UNDERWRITER OFFICE		STATUS OF TRANSACTION <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME AM PM CANCEL :	

## SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED		PREMIUM		PREMIUM		PREMIUM
	ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$		ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO
	BOILER & MACHINERY	\$		EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER
	BUSINESS AUTO	\$		GARAGE AND DEALERS	\$	UMBRELLA
	BUSINESS OWNERS	\$		GLASS AND SIGN	\$	YACHT
	COMMERCIAL GENERAL LIABILITY	\$		INSTALLATION / BUILDERS RISK	\$	
	CRIME	\$		OPEN CARGO	\$	
	DEALERS	\$	X	PROPERTY	\$	

## ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (if applicable)
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
LOSS SUMMARY	

## POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
07/10/16	07/10/17	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

## APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Pittsfield Building LLC 55 East Washington Chicago, IL 60602-4718		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____		BUSINESS PHONE #: 312-236-5393 WEBSITE ADDRESS Morganreed.com			
NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>					
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) Pittsfield Development LLC		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____		BUSINESS PHONE #: WEBSITE ADDRESS			
NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>					
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) Pittsfield Residential #2 LLC		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____		BUSINESS PHONE #: WEBSITE ADDRESS			
NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>					

## CONTACT INFORMATION

CONTACT TYPE: Accounting		CONTACT TYPE: Inspection	
CONTACT NAME: Connie Rasmussen		CONTACT NAME: Same	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
312-236-5393			
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 51-65 East Washington	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input checked="" type="checkbox"/> OWNER	# FULL TIME EMPL 5	ANNUAL REVENUES: \$ 3,500,000
BLD # 1	CITY: Chicago	STATE: IL	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP: 60602			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: 38 story office building, mercantiles 1st fl, offices 2-8th fl's, 9-12th fl's, offices 23-38th floors, 13-21st excluded (owned by outside interest)					TOTAL BUILDING AREA: 350000 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N Y
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

## NATURE OF BUSINESS

APARTMENTS	CONTRACTOR	MANUFACTURING	RESTAURANT	SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS	INSTITUTIONAL	<input checked="" type="checkbox"/> OFFICE	RETAIL	WHOLESALE	07/03/00

## DESCRIPTION OF PRIMARY OPERATIONS

Office/Apt building

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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## DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER						<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION
REFERENCE / LOAN #:		INTEREST END DATE:					
LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:				E-MAIL ADDRESS:			

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input checked="" type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				Y
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
	Various buildings			
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				Y
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
NAME OF TRUST				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE ATTACHED REMARKS OVERFLOW

## PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2015-16	CARRIER			Travelers	Travelers
	POLICY NUMBER				
	PREMIUM	\$	\$	\$91,888.00	\$
	EFFECTIVE DATE			07/10/15	
	EXPIRATION DATE			07/10/16	

## PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2014-15	CARRIER			Travelers	Travelers
	POLICY NUMBER			CMB295T6701-14	CMB295T6701-14
	PREMIUM	\$	\$	\$ 79,158.00	\$ 3,677.00
	EFFECTIVE DATE			07/10/14	07/10/14
	EXPIRATION DATE			07/10/15	07/10/15
2013-14	CARRIER			Travelers	Travelers
	POLICY NUMBER			CMB295T6701	
	PREMIUM	\$	\$	\$ 79,964.00	\$
	EFFECTIVE DATE			07/10/13	07/10/12
	EXPIRATION DATE			07/10/14	07/10/13

LOSS HISTORY ☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST <u>5</u> YEARS					TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y/N	CLAIM OPEN Y/N

## SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)		
<p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.</p> <p>(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____</p> <p>Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.</p> <p>Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.</p> <p>Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.</p> <p>Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.</p> <p>Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.</p> <p>Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.</p> <p>Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p> <p>Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.</p> <p>Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.</p> <p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</p>		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Carbone & Molloy	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

COMMERCIAL INSURANCE APPLICATION -  
PRIOR CARRIER INFORMATION SCHEDULE

PITTSF1

CSR: PC

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YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
2012-3	CARRIER			Travelers	Travelers
	POLICY NUMBER			CMB295T6701	CMB295T6701
	PREMIUM	\$	\$	\$77,691.00	\$
	EFFECTIVE DATE			07/10/12	07/11/12
	EXPIRATION DATE			07/10/13	07/12/13
2011-2	CARRIER			Travelers	Travelers
	POLICY NUMBER			CMB295T6701	CMB295T6701
	PREMIUM	\$	\$	\$68,257.00	\$
	EFFECTIVE DATE			07/10/11	07/11/11
	EXPIRATION DATE			07/10/12	07/12/12
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

REMARKS

PHITSP

CSR: PC

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insured owns approximately 20 other buildings of various types. Most  
insured through Travelers



## PROPERTY SECTION

DATE (MM/DD/YYYY)  
6/27/2016

AGENCY NAME <b>Carbone &amp; Molloy Insurance</b>		CARRIER <b>Travelers Insurance Company</b>		NAIC CODE <b>36137</b>
POLICY NUMBER <b>KTCMB295T670-1-15</b>		EFFECTIVE DATE <b>07/10/16</b>	NAMED INSURED(S) <b>Pittsfield Building LLC</b>	

PREMISES INFORMATION	PREMISES #: <b>1</b>	STREET ADDRESS: <b>51-65 East Washington Chicago IL 60602</b>
	BUILDING #: <b>1</b>	BLDG DESCRIPTION: <b>38 Story office bldg LRO</b>

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
See attached supplemental page for Subjects of Insurance information								

ADDITIONAL INFORMATION	<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	<input type="checkbox"/> ACCEPT COVERAGE	<input type="checkbox"/> REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
--	-------------------------------------

CONSTRUCTION TYPE <b>FIRE RES.</b>	DISTANCE TO HYDRANT <b>10 FT</b>	FIRE STAT <b>1 MI</b>	FIRE DISTRICT <b>Chicago</b>	CODE NUMBER	PROT CL <b>1</b>	# STORIES <b>38</b>	# BASMT'S <b>2</b>	YR BUILT <b>1929</b>	TOTAL AREA <b>350,000</b>
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES floors 13-21 are excluded,
<input checked="" type="checkbox"/> WIRING, YR: <b>12</b>	<input checked="" type="checkbox"/> PLUMBING, YR: <b>12</b>			
<input checked="" type="checkbox"/> ROOFING, YR: <b>12</b>	<input checked="" type="checkbox"/> HEATING, YR: <b>12</b>	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
OTHER: YR: _____	<input checked="" type="checkbox"/> RESISTIVE			DATE INSTALLED: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input checked="" type="checkbox"/> N Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
Street	Street		Building

BURGLAR ALARM TYPE <b>24 hr guard</b>	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN <b>2</b>	<input checked="" type="checkbox"/> WITH KEYS
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) enunciator panel - common area	% SPRNK <b>100</b>	FIRE ALARM MANUFACTURER stand pipes & pull alarms	<input checked="" type="checkbox"/> CENTRAL STATION <input checked="" type="checkbox"/> LOCAL GONG
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## ADDITIONAL INTEREST

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> LOSS PAYEE				LOCATION: <b>1</b> BUILDING: <b>1</b>
<input type="checkbox"/> MORTGAGEE				ITEM CLASS: _____ ITEM _____
				ITEM DESCRIPTION <b>9-12th floors</b>
	REFERENCE / LOAN #: _____			

## REMARKS

-24 Hour Security, 24 Hour Watchman -Constantly monitored fire alarm enunciator system- common area's. -Standpipes - all levels -2 remote interior stairwells -2 fire escapes -Emergency lighting -stairwells -Back-up generator system -Building Personal trained in emer
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AGENCY CUSTOMER ID: \_\_\_\_\_

PITTSF1

CSR: PC

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #:		STREET ADDRESS:					
		BUILDING #:		BLDG DESCRIPTION:					
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			
<b>ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION</b>									
SPOILAGE COVERAGE (Y/N)  <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED					LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)  <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE	
						DEDUCTIBLE \$			
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$			
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____							
CONSTRUCTION TYPE		DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	TOTAL AREA
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE		OTHER OCCUPANCIES			
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS		SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____	
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	RESISTIVE				MANUFACTURER:			
OTHER: YR:									
PRIMARY HEAT					SECONDARY HEAT				
<input type="checkbox"/> BOILER		<input type="checkbox"/> SOLID FUEL		<input type="checkbox"/> BOILER		<input type="checkbox"/> SOLID FUEL			
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION	LOCAL GONG
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER		CENTRAL STATION LOCAL GONG	
<b>ADDITIONAL INTEREST</b>		<b>ACORD 45 attached for additional names</b>							
INTEREST		NAME AND ADDRESS		RANK:	EVIDENCE:	CERTIFICATE		INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE								LOCATION:	BUILDING:
<input type="checkbox"/> MORTGAGEE								ITEM CLASS:	ITEM:
<input type="checkbox"/>								ITEM DESCRIPTION	
		REFERENCE / LOAN #:							

**REMARKS**

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## FRAUD NOTICES

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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## REMARKS

**PITTSF1**

PITTSF1 CSR: PC

PREMISE INFORMATION			PREMISES #: 1		BUILDING #: 1		ISOTEL#:			
#	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSE OF LOSS	INFL	DEDUCTIBLE	FORMS #	Date	BLN
1.	BUILDING	73,000,000		RCV	SPECIAL		100000	MSC1507		
2.	RENTS	3,000,000		RCV	SPECIAL		100000			
3.	ORDINANCE	2,500,000			SPECIAL		100000			
4.	FLOOD	2,000,000					100000			
5.	QUAKE	1,000,000					100000			
6.	BOILR/MACH	50,000,000					10000			

#### ADDITIONAL PREMISES INFORMATION

[illegible][illegible]**ADDITIONAL PREMISES INFORMATION**[illegible][illegible]

**New label**

[illegible]

ATTACH TO ACORD PROPERTY SECTION

# **BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE SUPPLEMENT TO PROPERTY SECTION**

DATE (MM/DD/YYYY)  
6/27/2016

AGENCY <b>Carbone &amp; Molloy Insurance</b>		CARRIER <b>Travelers Insurance Company</b>		NAIC CODE <b>36137</b>
POLICY NUMBER <b>KTCMB295T670-1-15</b>		EFFECTIVE DATE <b>07/10/16</b>	APPLICANT / FIRST NAMED INSURED <b>Pittsfield Building LLC</b>	

## **PREMISES INFORMATION**

PREMISES #: <b>1</b>	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE <input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE <input type="checkbox"/> EXTRA EXPENSE <input checked="" type="checkbox"/> BUSINESS INCOME / RENTAL VALUE <input checked="" type="checkbox"/> RENTAL VALUE	
BUILDING #: <b>1</b>		
TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$ _____	<input checked="" type="checkbox"/> EXT PERIOD <b>180 DAYS</b> <input type="checkbox"/> MO PERIOD LIMIT <input type="checkbox"/> MAX PERIOD
EXTRA EXPENSE _____ DAYS PERIOD REST		LIMIT LOSS PAY _____ % _____ % _____ % _____ %
POWER/HEAT \$ _____ DED ELEC MEDIA DAYS ORD OR LAW DAYS CIVIL AUTH DAYS		
OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW) TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC		
DEPEND PROP <input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM COIN _____ % <input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)		

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

## **OTHER COVERAGES**

Mold- \$100,000 ANNUAL AGGREGATE.  
Vacancy Permit- MS C2 15 [07 99]

## ADDITIONAL PREMISES INFORMATION

PREMISES #:		<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE		<input type="checkbox"/> EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE		<input type="checkbox"/> RENTAL VALUE	
BUILDING #:											
TYPE OF BUSINESS		ORDINARY PAYROLL		EXT PERIOD		POWER/HEAT		OFF PREM POWER		DEPEND PROP	
<input type="checkbox"/> NON MFG		<input type="checkbox"/> EXCL <input type="checkbox"/> INCL		DAYS		\$ DED		<input type="checkbox"/> POWER		<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM	
<input type="checkbox"/> MFG		90 DAYS		MO PERIOD		<input type="checkbox"/> ELEC MEDIA		<input type="checkbox"/> WATER			
<input type="checkbox"/> MINING		180 DAYS		LIMIT		DAYS		<input type="checkbox"/> COMM (DESCR BELOW)			
% COINS				MAX PERIOD		<input type="checkbox"/> ORD OR LAW		TUITION FEES		COIN %	
		\$				DAYS		\$ STUDENTS		<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC	
EXTRA EXPENSE		LIMIT LOSS PAY				DAYS		\$ OTHER ED SERV/INC		<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	
DAYS PERIOD REST		% %									
		% %									

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

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